

APPLICATION DATA SHEET**Application Information**

Application number:: 10/575,753
Filing Date:: 10/14/04
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R?::
Number of CD disks::
Number of copies of CDs::
Sequence submission?::
Computer Readable Form (CRF)?::
Number of copies of CRF::
Title :: PROGNOSTIC AND DIAGNOSTIC MARKERS
FOR CELL PROLIFERATIVE DISORDERS OF
THE BREAST TISSUES
Attorney Docket Number:: 47675-183
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets::
Small Entity?:: Yes
Petition included?:: No
Petition Type::
Licensed U.S. Gov't Agency:: No
Contract or Grant No::

Secrecy Order in Parent Appl.?:

No

First Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	AT
Status::	Full Capacity
Given Name::	Martin
Middle Name::	
Family Name::	Widschwendter
Name Suffix::	
City of Residence::	London
State or Province of Residence::	
Country of Residence::	UK
Street of mailing address::	<u>33 St. Marys Road</u> Department of Gynaecological Oncology Institute for Women's Health University College London ECA Hospital 2nd Floor Huntley Street
City of mailing address::	London <u>Tonbridge</u>
State or Province of mailing address::	
Country of mailing address::	UK
Postal or Zip Code of mailing address::	WC1E 6D <u>HTN9 2LD</u>

Second Applicant Information

Applicant Authority Type::

Primary Citizenship Country::

Status::

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Third Applicant Information

Applicant Authority Type::

Primary Citizenship Country::

Status::

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Fourth Applicant Information

Applicant Authority Type::

Primary Citizenship Country::

Status::

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Correspondence Information

Correspondence Customer Number:: **22504**

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Phone number:: 206-628-7621

Fax Number: 206-628-7699

E-Mail address::

barrydavison@dwt.com

Representative Information

Representative Customer Number::		22504
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Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National stage of	PCT/EP2004/011577	10/14/04

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
DE	103 48 407.8	10/17/03	Yes

Assignee Information

Assignee name::	—— <u>Epigenomics AG</u>
Street of mailing address::	—— <u>Kleine Praesidentenstrasse 1</u>
City of mailing address::	—— <u>Berlin</u>
State or Province of mailing address::	
Country of mailing address::	—— <u>DE</u>
Postal or Zip Code of mailing address::	—— <u>10178</u>